



# Department of Business License

JACQUELINE R. HOLLOWAY

DIRECTOR

500 SOUTH GRAND CENTRAL PKY, 3<sup>RD</sup> FLOOR

BOX 551810

LAS VEGAS, NEVADA 89155-1810

(702) 455-4252

(800) 328-4813

FAX (702) 386-2168

<http://www.clarkcountynv.gov/businesslicense>

## APPLICATION FOR CHANGE OF BUSINESS LICENSE

**CURRENT MAILING ADDRESS AND CONTACT INFORMATION IS REQUIRED FOR ALL CHANGE APPLICATIONS**

License No:	Mailing address:	City/State:	Zip:
Business Telephone No.		Effective Date:	

## APPLICABLE LICENSE CHANGES AND FEES

Please check all that apply below and provide license number(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Change of Business Name - <b>\$25 Fee</b>             | <input type="checkbox"/> Adding a license or line of service - <b>\$25 Fee plus applicable</b> |
| <input type="checkbox"/> Change of Business Location/Address - <b>\$25 Fee</b> | <input type="checkbox"/> Change of Business Officers - <b>No Charge initial license fees</b>   |
| <input type="checkbox"/> Change of Business Owners - <b>\$25 Fee</b>           | <input type="checkbox"/> Change of Business Mailing Address - <b>No Charge</b>                 |

*Changes of business ownership of 100% require a new license. A new business license application package will need to be submitted.*

**For multiple licenses please include \$25.00 for each change on each license.**

## CHANGE OF BUSINESS NAME AND/OR CHANGE OF LOCATION

Old Business Name:		New Business Name:	
Old Business Address:		New Business Address:	
City/State	Zip Code	City/State	Zip Code

## CHANGE OF BUSINESS OWNERS or OFFICERS (please circle one & attach list as needed)

**If changes to ownership total to 100%, a complete new application must be submitted.**

Previous Owner/Officer Name: (First, M.I., Last)		New Owner/Officer Name: (First, M.I., Last)	
Percentage of Ownership	Previous Officer Title	Percentage of Ownership	New Officer Title
Address		Address	
City/State	Zip Code	City/State	Zip Code
Date of Birth (optional)		Date of Birth (optional)	

## ADDING A LICENSE OR LINE OF SERVICE

**Provide the license category you wish to add or describe the new activities to be added to your license(s):**

## SIGNATURES (requires signatures of owner, officer, authorized or legal signer)

Signed Name:	Print Name:	Date:
Signed Name:	Print Name:	Date:

IF YOU REQUIRE ADDITIONAL INFORMATION, PLEASE CALL OUR LICENSING DIVISION @ (702) 455-0174

*Reminder: Also, change the business name, location and/or ownership with the appropriate State Agency(s)*